

Name
in
Full

Gladys Cooper Anthony

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

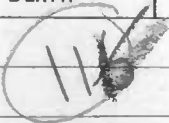


Died at <i>near Crumpton</i>		Town <i>Crump</i> County <i>Anne</i>		MARYLAND	
Date of death 1905	Month <i>April</i>	Day <i>29</i>	Age <i>one</i>	Months <i>7</i>	Days
Sex <i>girl</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Isaiah Anthony</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Ann Hawks</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Isaiah Anthony</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>J. N. Sheppard M.D.</i>
		Address <i>Crump</i>
		<i>Ind -</i>
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Barilay</i> ^{Town}			<i>Turn Anne</i> ^{County}		
		MARYLAND					
		Date of death <i>1905</i>	Month <i>4</i>	Day <i>4</i>	Age <i>63</i>	Months <i>7</i>	Days <i>12</i>
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Turn Anne Co</i>	
		Occupation <i>House Wife</i>		Where Residing if not at place of death <i>at Place of Death</i>			
		Married, Single or Widowed		Name of Wife or Husband <i>W J Biscoe</i>			
		Father's Name <i>John Nickerson</i>		Father's Birthplace <i>Port Anne</i>			
		Mother's Maiden Name <i>Mrs Ross</i>		Mother's Birthplace <i>Port Anne</i>			
Name of person giving information <i>Bro Godwin</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Peritonitis</i>		How long <i>Two weeks</i>			
		Immediate <i>Hemorrhage</i>		How long <i>Six hours</i>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Foster Sudler</i>			
				Address <i>Susberville Ind</i>			
							
							
		Accident or Suicide?					

12/1

Name
in
Full

Mahaley Boulden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Sullustown* TownCounty *Sumner Anne*

MARYLAND

Date of death *1908* Month *Apr.*Day *16*Age *67* Years

Months

Days

Sex *Female*Color or Race *Black*Birthplace *Maryland*Occupation *Wife*Where Residing if not at place of death *Place of death*Married, Single or Widowed *Widowed*Name of Wife or Husband *Perry Boulden*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Unknown*Mother's Birthplace *" "*Name of person giving information *Mrs. Millson*How related to deceased *Son in law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic nephritis. Aortic regurgitation

How long

Not Known

Immediate

Failure of compensation

How long

about 6 months

Are the name, age, sex, color, date and place correctly given above?

Yes

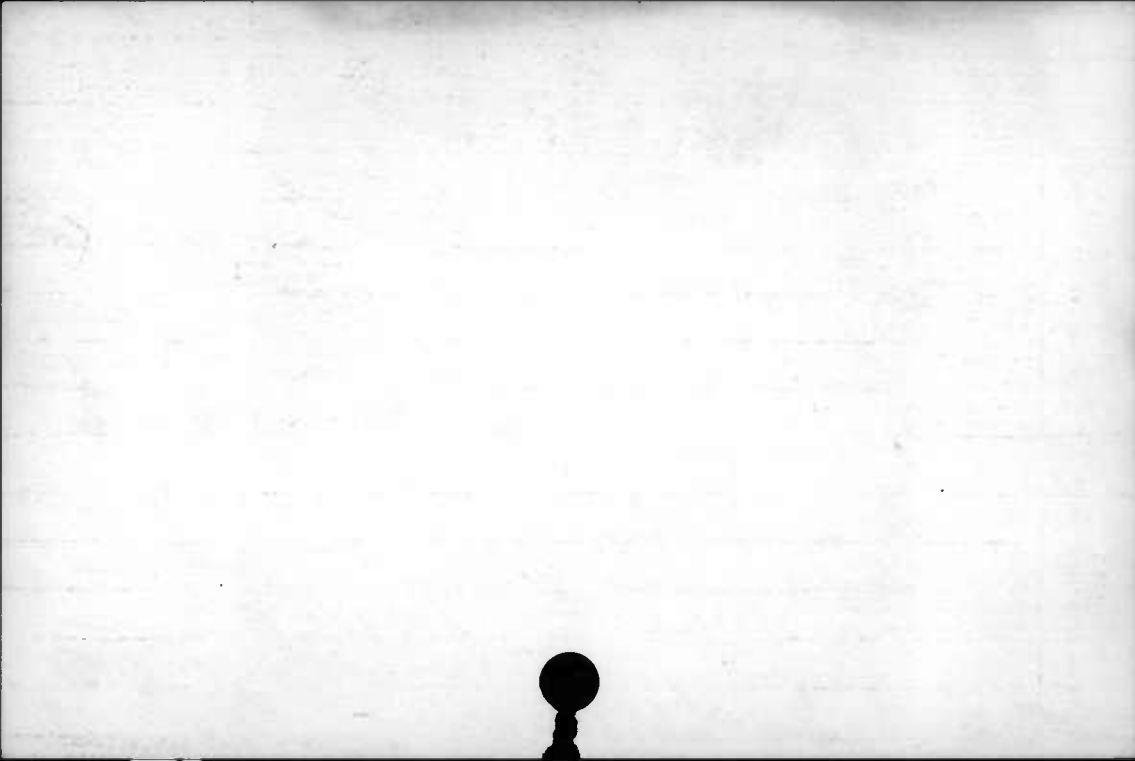
Signature of Physician

M. Adams -

Address

Sullustown, Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

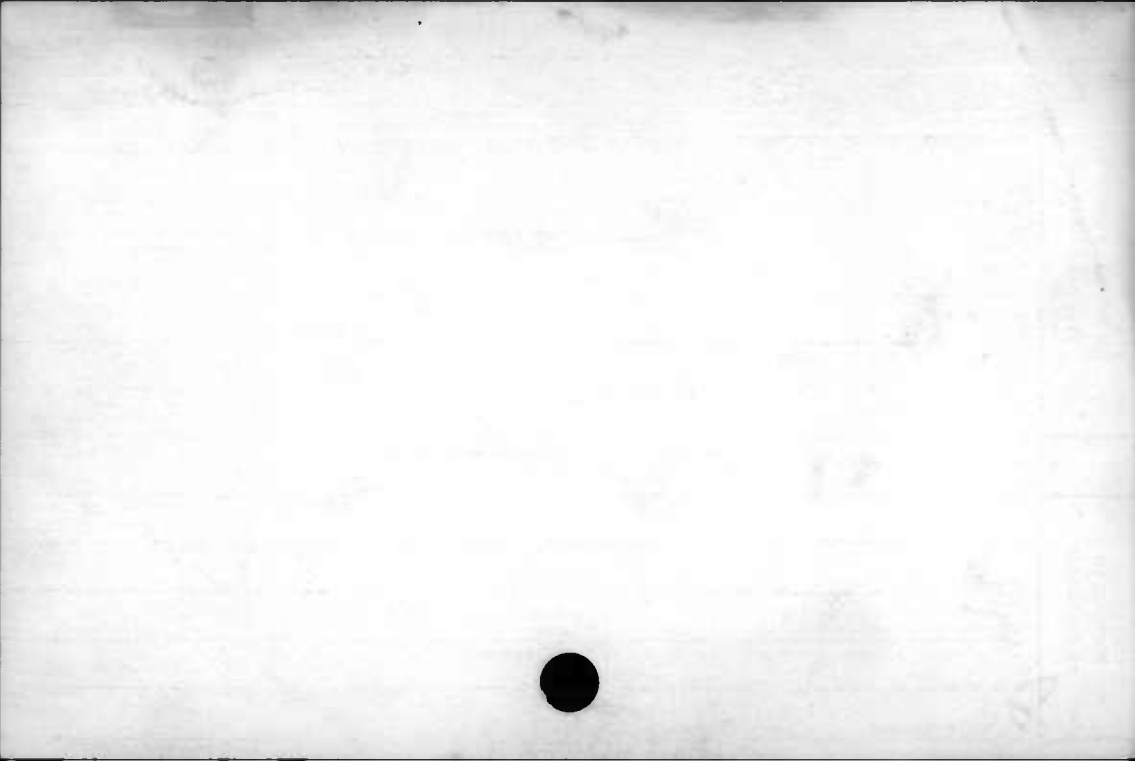
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Addict Brown</i>		Town <i>Keon Church Hill</i>		County <i>Meigs</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>		Month <i>Feb</i>	Day <i>14th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>Agis</i>		Birth-place <i>Keon Church Hill</i>				
Occupation <i>—</i>	Where Residing if not at place of death <i>at place of birth</i>						
Married, Single or <u>Widowed</u>		Name of Wife or Husband					
Father's Name <i>George E. Brown</i>		Father's Birthplace <i>MacCrumpton</i>					
Mother's Maiden Name <i>Junie J. Bennett</i>		Mother's Birthplace <i>Keon Church Hill</i>					
Name of person giving information <i>George E. Brown</i>		How related to deceased <i>Fostered</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>In a nature</i>	How long <i>Don't know</i>
Immediate <i>Sequences of above</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J.H. H. Mason</i>
	Address <i>Church Hill, Md</i>
Accident or Suicide? <i>I saw child only once 2 months ago -</i>	



Name
in
Full

CERTIFICATE OF DEATH

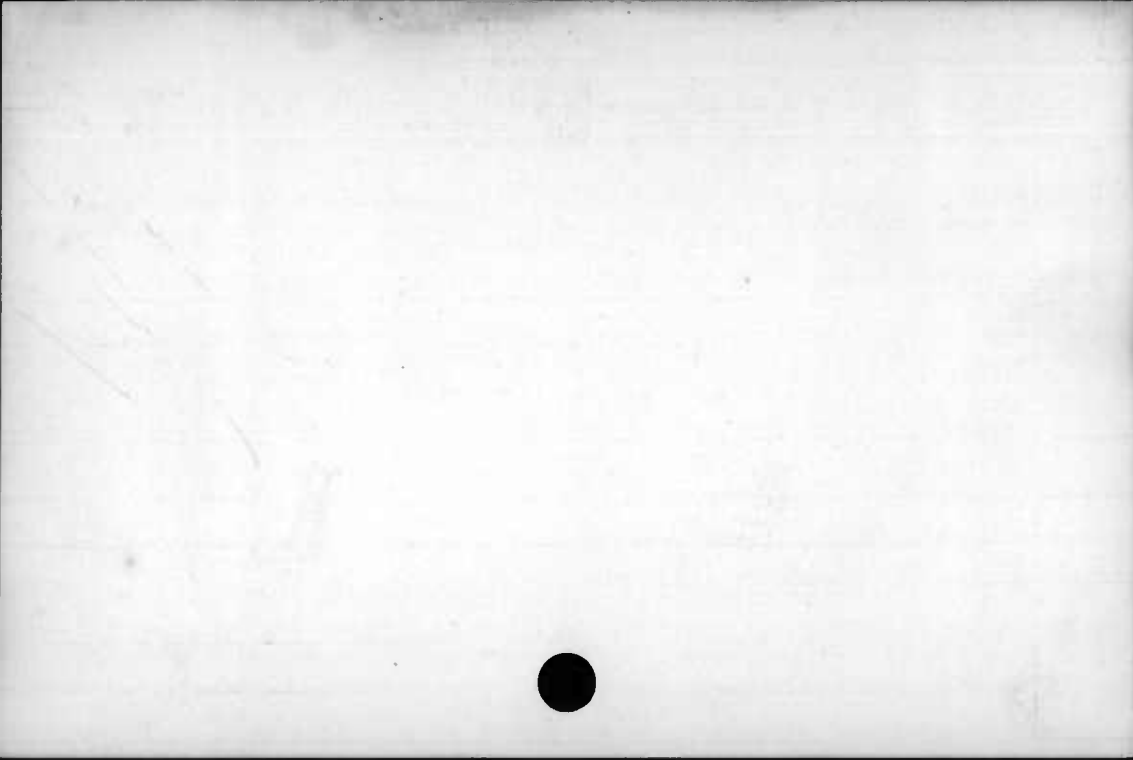
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>4</i>	Day <i>8</i>	Age <i>61</i>	Months	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Lady</i>				
Name of Wife or Husband <i>John A. Duff</i>					
Father's Name <i>Jerome Catrup</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Margaret Barvick</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Maggie Dill</i>			How related to deceased <i>nee</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Atherosclerosis</i>	How long <i>64</i>	<i>2 or 3 yrs</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>16</i>	<i>hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frederick M. D.</i>	
	Address <i>Cumtville</i>	
Accident or Suicide? <i>no</i>	<i>md</i>	



Name
in
Full

Ellen Heath

CERTIFICATE OF DEATH

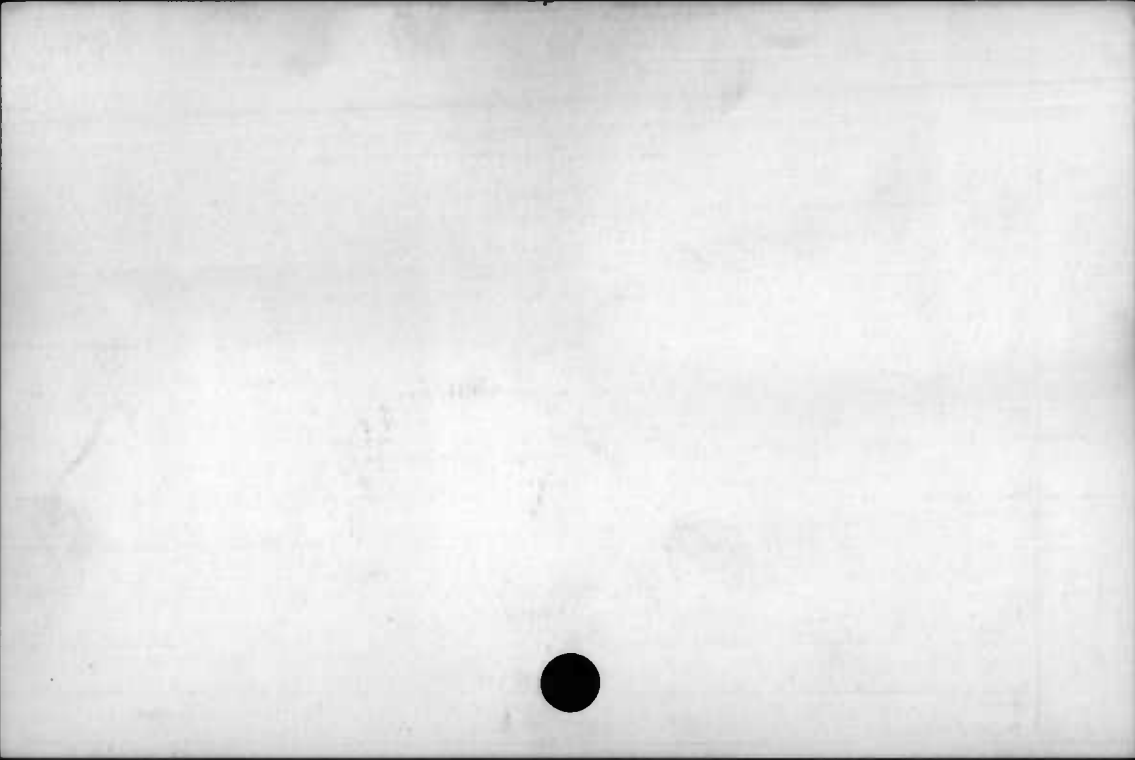
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stevensville</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>April</i>	Day <i>22</i>	Age <i>67</i>	Months	Days
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Island, Md.</i>		
Married Single Widowed <i>Widow</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband _____					
Father's Name <i>George Heath</i>			Father's Birthplace <i>Kent Island, Md.</i>		
Mother's Maiden Name <i>Kittie Jones</i>			Mother's Birthplace " " "		
Name of person giving information <i>Charles Heath</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>93</i> <i>1 wk</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Perry Kemp</i>
Accident or Suicide? <i>J</i>	Address <i>Stevensville, Md.</i>



Name
in
Full

Solomon . Legg.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Millington</i> <small>Town</small>		<i>Queen Annes</i> <small>County</small>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Apr</i>	Day <i>22</i>	Age <i>66</i>	Months	Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Delaware.</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving in formation <i>Andrew Legg.</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of heart</i>	How long <i>79</i> <i>Year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H M Jeter</i>
	Address <i>Millington, Md.</i>
Accident or Suicide?	

Entered in Millington

Seminary

Kent co

md

Name
in
Full

Acheak T. Opatye

CERTIFICATE OF DEATH

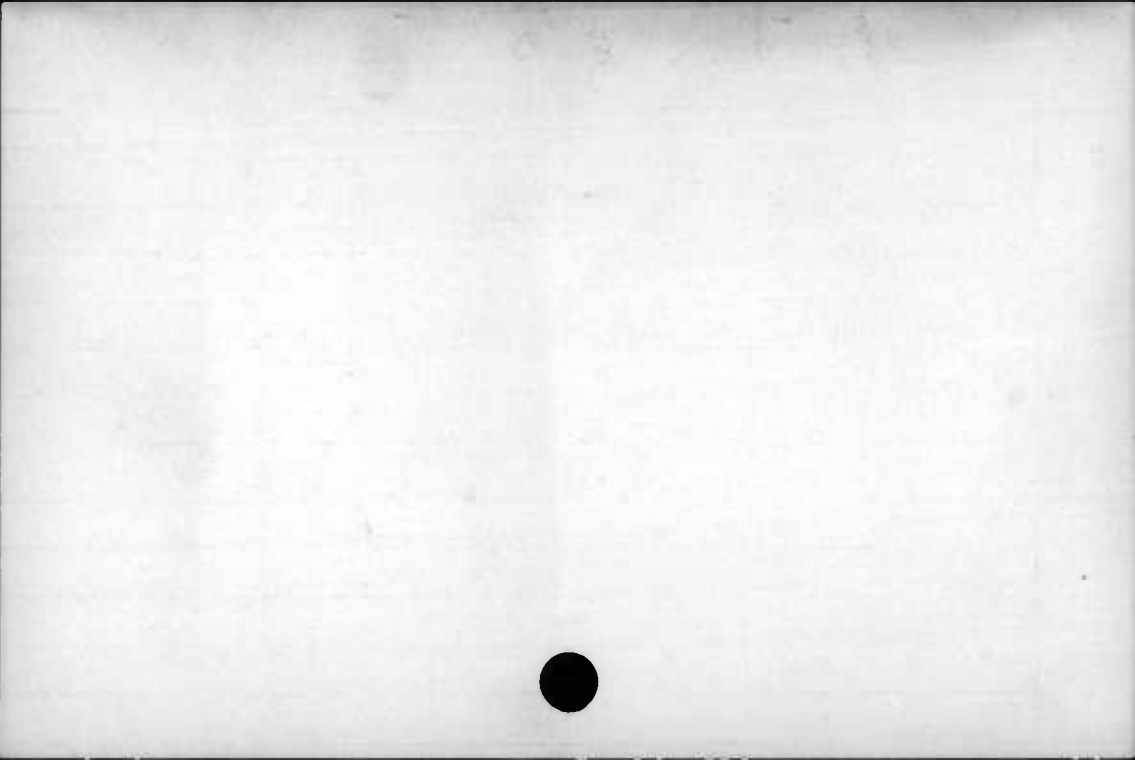
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crumpton</i>		Town <i>Crumpton</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>April</i>	Day <i>18</i>	Age <i>82</i>	Years	Months <i>7</i>	Days <i>21</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>N. Jersey</i>			
Married, Single or Widowed <i>Widow</i>			Occupation <i>Lady</i>				
Name of Wife or Husband							
Father's Name <i>Nathan Taylor</i>				Father's Birthplace <i>N. Jersey</i>			
Mother's Maiden Name <i>Elizabeth Vernon</i>				Mother's Birthplace <i>N. Jersey</i>			
Name of person giving information <i>Elizabeth Vernon Mary E Hatley</i>				How related to deceased <i>Daughter</i>			

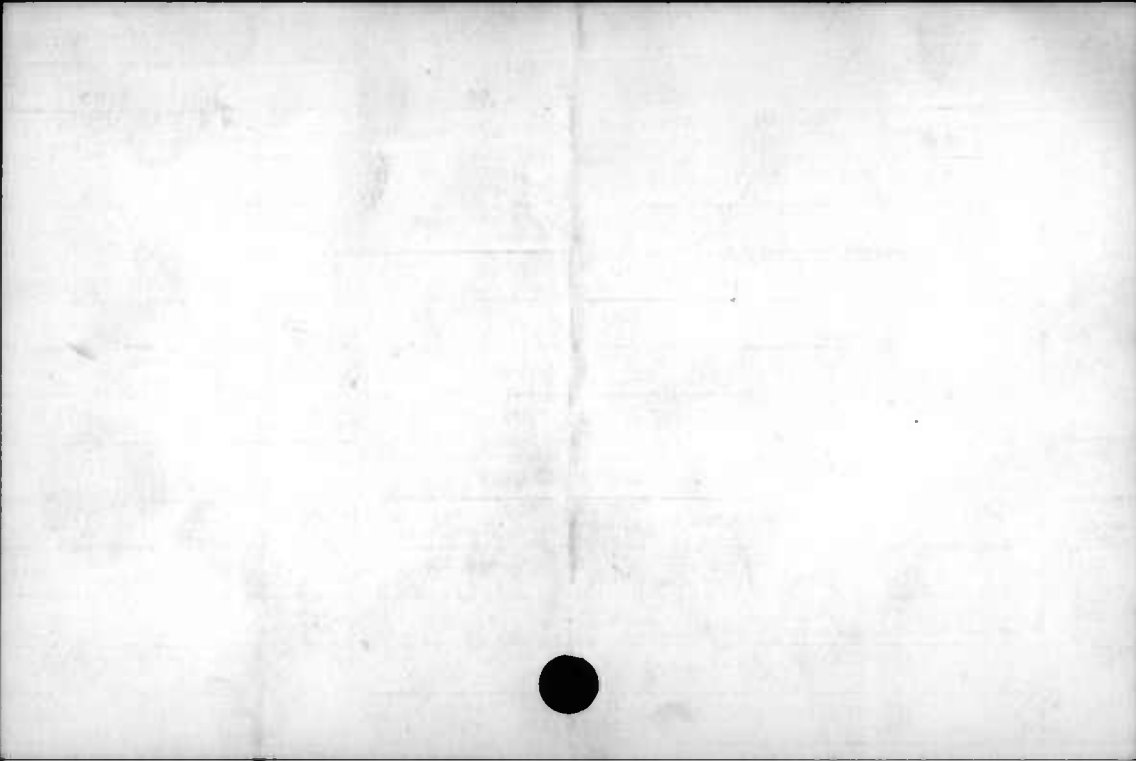
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Jaundice from Obstruction</i>	<i>How long</i> <i>2 months</i>
Immediate	<i>Paralysis</i>	<i>How long</i> <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. N. Sheppard</i>
		Address <i>Crumpton Md</i>
Accident or Suicide?		



Name in Full		Annie Polk				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Winchester</i>		County <i>Queen Anne</i>		MARYLAND	
		Date of death <i>1905</i>		Month <i>4</i>	Day <i>15</i>	Age	Years
		Sex <i>Female</i>		Color or Race <i>C.ollard</i>		Birth-place <i>Winchester</i>	
		Occupation		Where Residing if not at place of death <i>Winchester</i>			
		Married Single <i>Single</i>		Name of Wife or Husband			
		Father's Name <i>Edw Polk</i>		Father's Birthplace <i>St Mary's Co</i>			
Mother's Maiden Name <i>Annie Conger</i>		Mother's Birthplace <i>Queen Anne Co</i>					
Name of person giving Information <i>R. G. Conger</i>		How related to deceased <i>Brother</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Jaw fit</i>		How long <i>179</i>		How long <i>1 month</i>	
		Immediate				How long <i>x x</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Mary L. Bousier</i>			
		<i>yes</i>		Address <i>Fords Store</i>			
Accident or Suicide?				<i>md</i>			



Name
in
Full

CERTIFICATE OF DEATH

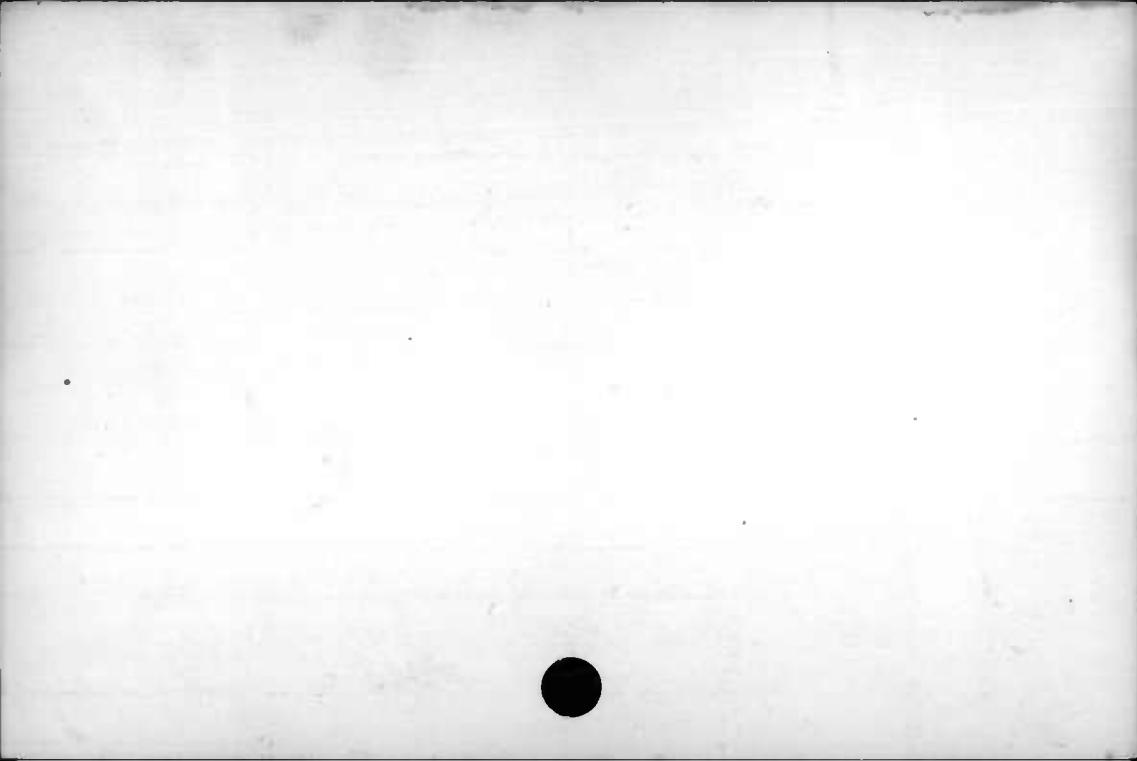
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 yr
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Amanda W. Rochester

Town

County

MARYLAND

Died at *near Inglewood**Queen Anne's*Date
of death *1905*

Month

4

Day

27

Years

Age *9 months*

Months

Days

12

Sex

*Female*Color or
Race*Black*Birth-
place*Chesler Pa.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Samuel J. Rochester*Father's
Birthplace*Md.*Mother's
Maiden Name*Susie A. Taylor*Mother's
Birthplace*Md.*Name of person giving
Information*Samuel J. Rochester*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Scarification

How long

3 months

Immediate

Constitutional

How long

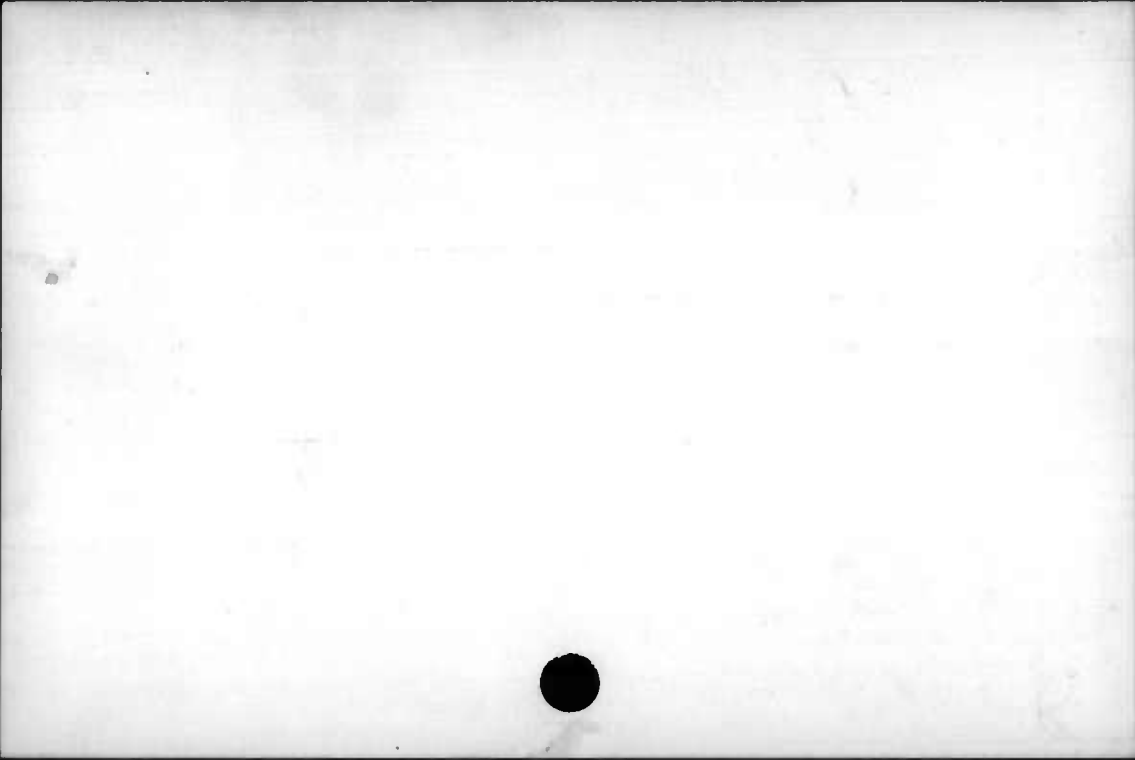
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. T. Rickards**do**Temperville Md.*

Accident or Suicide?

*Am J P*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Curry Sewel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hope</u> Town		<u>Queen Anne</u> County		MARYLAND	
Date of death	<u>1905</u> <u>April</u> Month	<u>9</u> Day	Age <u>24</u> Years	<u>4</u> Months	<u>14</u> Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Engleside Md</u>		
Occupation <u>House wife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wesley Sewel</u>				
Father's Name <u>Wm Henry Brown</u>	Father's Birthplace <u>Queen Anne Co., Md</u>				
Mother's Maiden Name <u>Rinnie Dean</u>	Mother's Birthplace <u>Talbot Co. Md</u>				
Name of person giving information <u>Charles W Dean</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Whooping cough</u>	How long <u>Three months</u>
Immediate <u>Pulmonary Tuberculosis</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Walter H. Lantry M.D.</u>
	Address <u>Ruthsburg Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Henrietta C. Shewbrooks
 Town County

MARYLAND

Died at Centreville Ind. Age 60
 Date of death 1905- April 3
 Month Day Years Months Days

Sex Female Color or Race white Birth-place I. A. Co

Married, Single or Widowed Single Occupation Nursing

Name of Wife or Husband

Father's Name John Shewbrooks

Father's Birthplace I. A. Co

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Fannie Shewbrooks Sister
 Now related as deceased

CAUSES OF DEATH

Primary Promani poisoning. Secondary disturbance of the nerve centres. Ending in Coma
 Immediate How long 3 weeks
 How long

Are the name, age, sex, color, date and place correctly given above?

yes

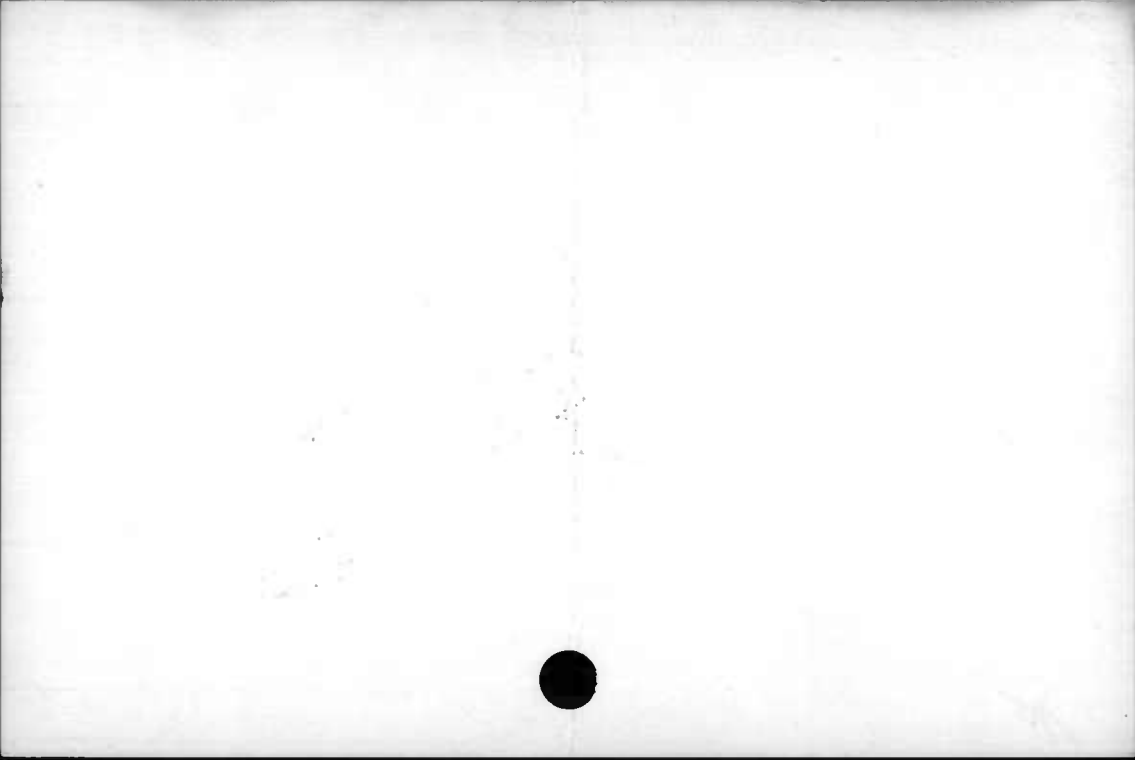
Signature of Physician

Address

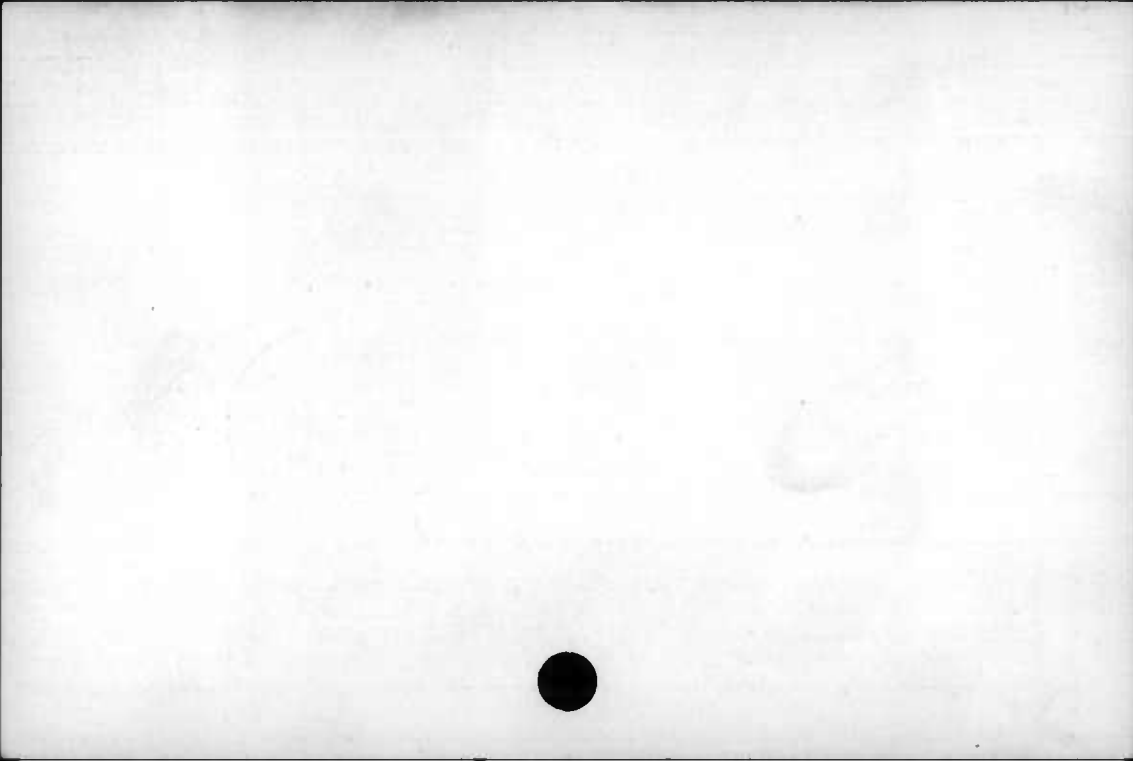
Jas. Bordley M.D.
 Centreville Ind.

Accident or Suicide?

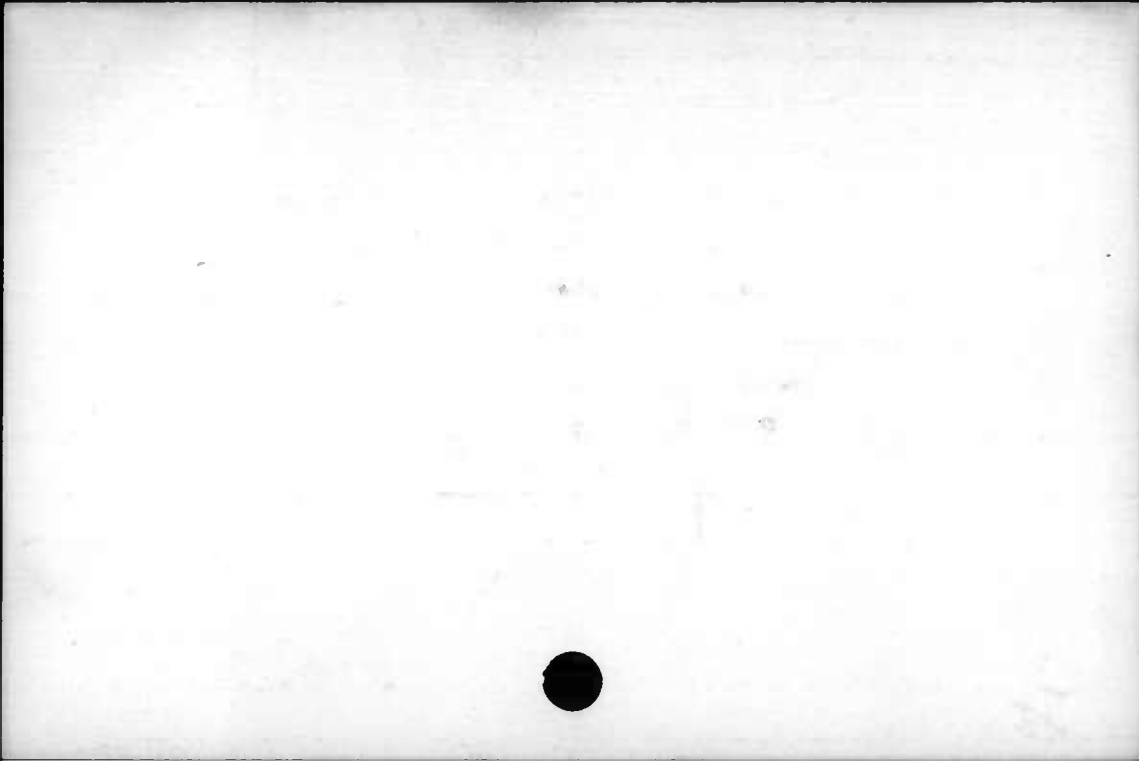
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Mary Francis Sparks				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	maat Rae			Zuwa Anne			
	Date of death	1905	Month	4	Day	30	Age
			Years	59	Months	7	Days
							10
	Sex	Female		Color or Race	White		Birth-place
							Caroline Co Md
Occupation	Housewife		Where Residing if not at place of death		Place of death		
Married, Single or Widowed	Married		Name of Husband	Hm Parrott Sparks			
Father's Name	Samuel Eberham					Father's Birthplace	Caroline Co Md
Mother's Maiden Name	Sarah Jones					Mother's Birthplace	Delaware
Name of person giving information	Hm P Sparks					How related to deceased	Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Arterio Sclerosis				How long	3 or 4 yrs
	Immediate	Cerebral Hemorrhage				How long	26 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Morton Kraus MD	
					Address	Baltimore, Md	
Accident or Suicide?		no					



Name in Full Bennett. T. Stafford		CERTIFICATE OF DEATH	
Town Star		County G. R.	
Died at		MARYLAND	
Date of death 1905	Month April	Day 13	Age 3
Sex Male	Color or Race White	Birthplace G. A Co	Months 3
Occupation	Where Residing if not at place of death Star Md		
Married, Single or Widowed X	Name of Wife or Husband		
Father's Name W. F. Stafford	Father's Birthplace G. R. Co		
Mother's Maiden Name Emma Ivins	Mother's Birthplace Tolbot Co		
Name of person giving information A. W. Ivins	How related to deceased G. Father		
CAUSES OF DEATH			
Primary Indigestion	How long 104		
Immediate Parysis of Stomach	How long 1 week		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician No Dr. for 2 weeks	
Address Jos. G. Lawrence		Address Centerville Md	
Accident or Suicide?			



Name
in
Full

Mrs Mary Thomas

CERTIFICATE OF DEATH

Died at

Kentelana

Town

D.A. County

MARYLAND

Date

of death 1905-

Month

April

Day

15-

Years

Age 56

Months

Days

Sex

female

Color or
Race

White

Birth-
place

Balto.

Married, Single
or Widowed

Occupation

Housewife

Name of Wife or
Husband

Wm Thomas

Father's
Name

Edw. Staling

Father's
Birthplace

Balto

Mother's
Maiden Name

Robert Lee

Mother's
Birthplace

"

Name of person giving
In formation

James Thomas

How related
to deceased

Son

CAUSES OF DEATH

Primary

Gall Stones

How long

Immediate

Exhaustion

How long

2 wks.

Are the name, age, sex, color, date
and place correctly given above?

Yes

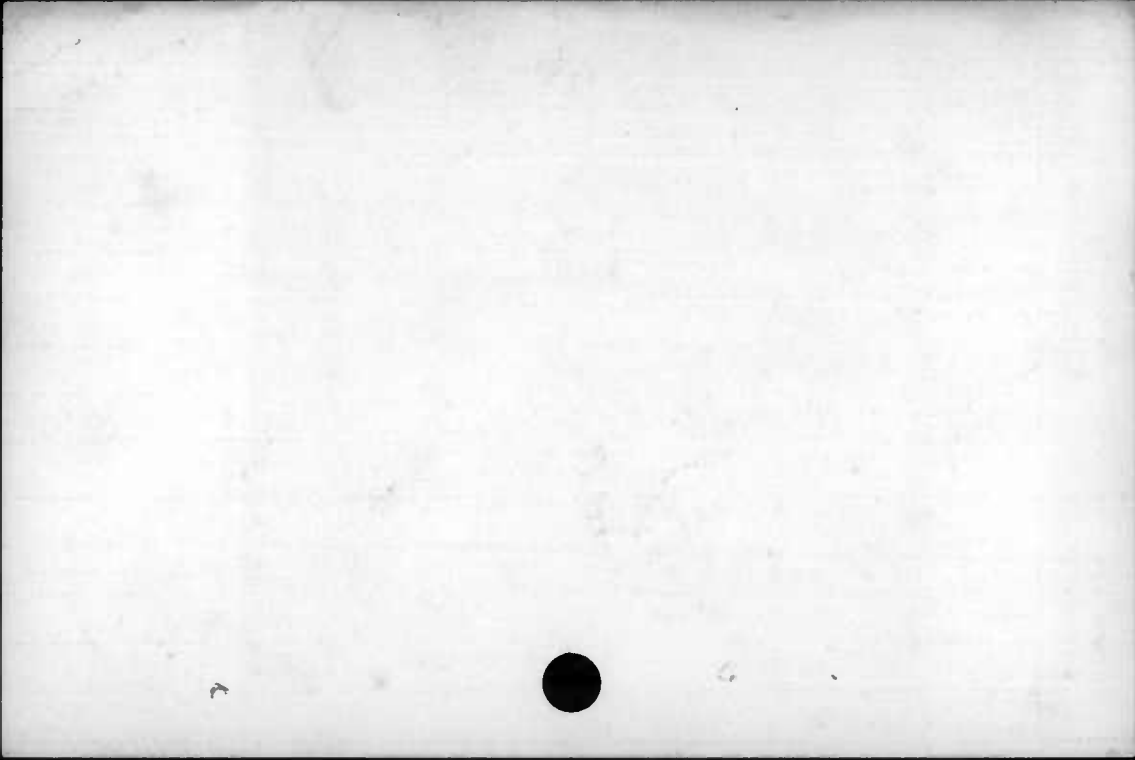
Signature of
Physician

Address

C. Percy Kemp
Stevensville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs Mammie H. Smith

CERTIFICATE OF DEATH

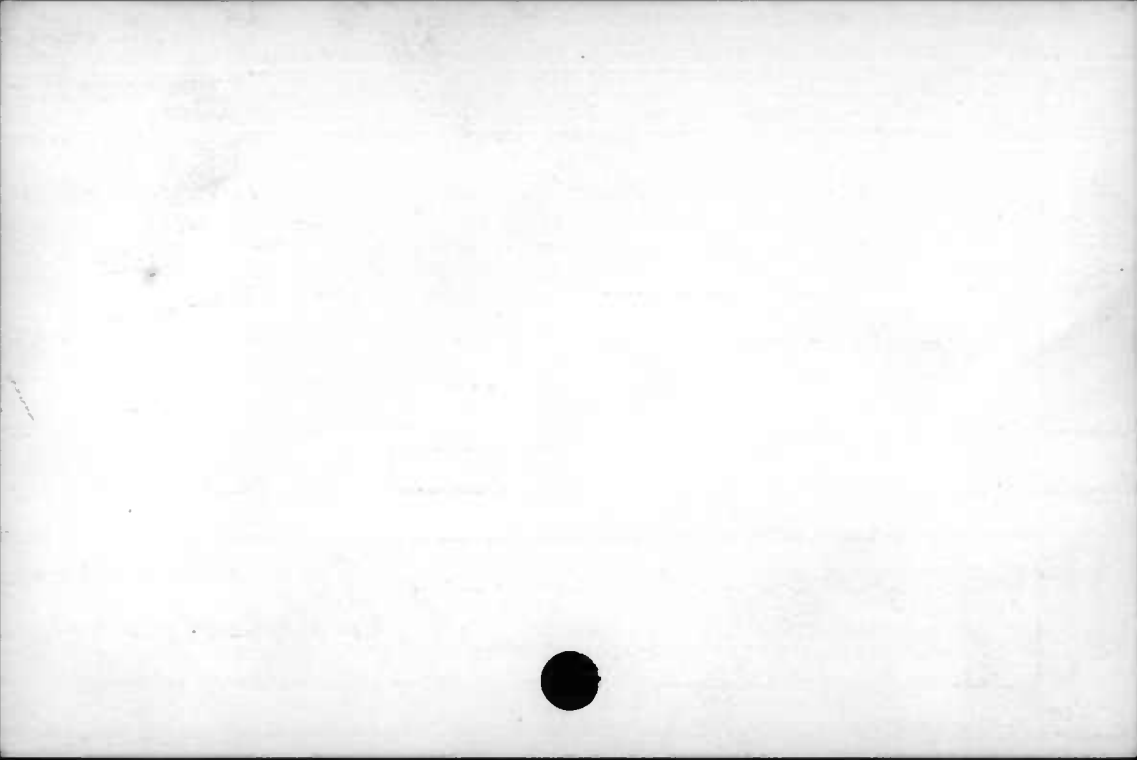
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barclay</i> Town		<i>Prison Anne</i> County		MARYLAND	
Date of death	1905	Month	4	Day	24
Age		Years	26	Months	7
Sex	Female	Color or Race	White	Birth-place	Md
Occupation		Where Residing if not at place of death			
Housewife					
Married, Single or Widowed	Name of Wife or Husband				
Widowed	Clarence H. Smith				
Father's Name	James Cox			Father's Birthplace	Md
Mother's Maiden Name	Mollie M. Jones			Mother's Birthplace	Md
Name of person giving information	C. S. Smith			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>Two Years</i>
Immediate	<i>Uræmia</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Foot's Smith</i>
		Address	<i>Smithville</i>
			<i>Md</i>
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

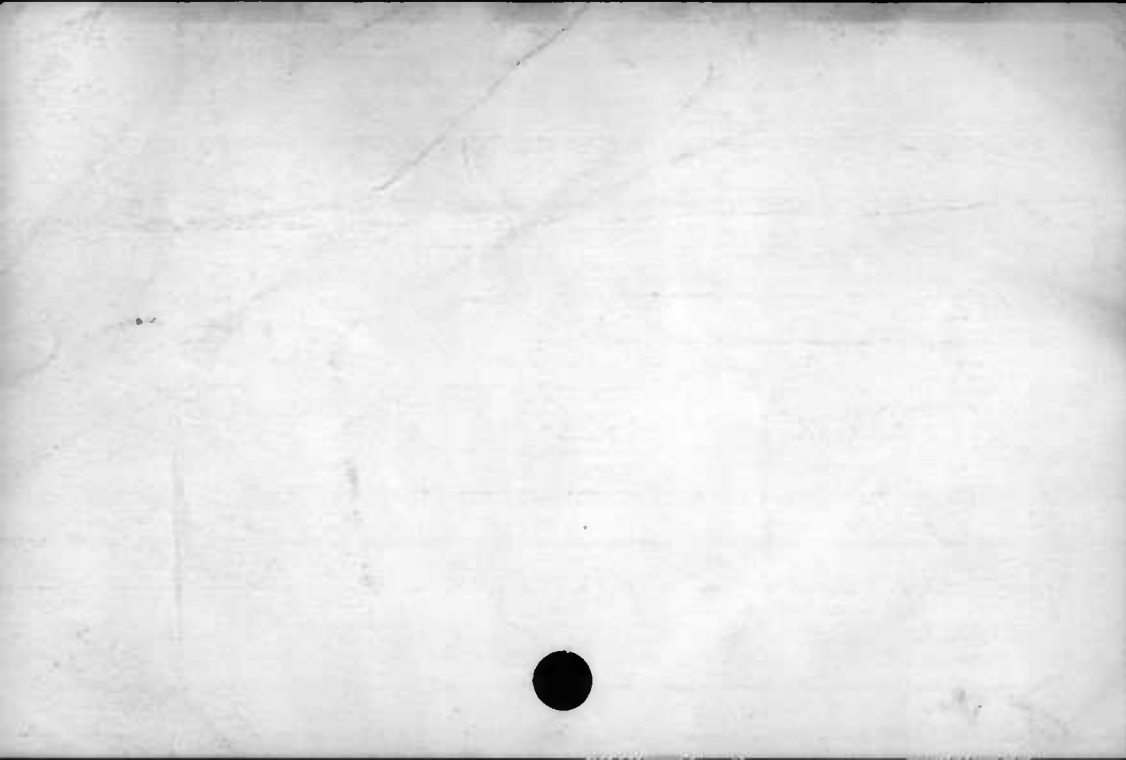
MARYLAND

Name in Full <i>Myrtle Wall</i>		Town <i>La. Dingle</i>		County <i>La.</i>	
Died at <i>La. Dingle</i>					
Date of death <i>1905 Apr. 23</i>		Age <i>2</i>		Months <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Caroline Co.</i>	
Occupation <i>Child</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jas. Wall</i>		Father's Birthplace <i>W.D.</i>			
Mother's Maiden Name <i>Rellie Beckley</i>		Mother's Birthplace <i>W.D.</i>			
Name of person giving information <i>Chas. Daper</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. B. R. ...</i>
	Address <i>Templeville W.D.</i>
Accident or Suicide? <i>—</i>	



Name in Full *No Name (dean born)*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Harris* ^{Town} *mile* *2* ^{County} *cc*

Date of death *1905* ^{Month} *April* ^{Day} *28* ^{Years} *dean born* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *2 cc*

Occupation *—* Where Residing if not at place of death *cc cc*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *Frank Willis*

Father's Birthplace *Talbot Co*

Mother's Maiden Name *M McDonnell*

Mother's Birthplace *2 cc*

Name of person giving information *Frank Willis*

How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dead Born*

How long *Dead Born*

Immediate *Dead Born*

How long *Dead Born*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. C. Oglesby M.D.
Ginnestown
Md

Accident or Suicide?



Name in Full		Moses Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Winchester</i>		Town <i>Winchester</i>		County <i>Queen Anne's</i>		MARYLAND
	Date of death <i>1905</i>	Month <i>4</i>	Day <i>09</i>	Age <i>33</i>	Years	Months	Days
	Sex <i>male</i>		Color or Race <i>Colloid</i>		Birth-place <i>Winchester</i>		
	Occupation <i>Oyster man</i>			Where Residing if not at place of death			
	Married, Single <i>married</i>		Name of Wife or Husband <i>Nadaleen Wilson</i>				
	Father's Name <i>Chas Wilson</i>				Father's Birthplace <i>Queen Anne's</i>		
	Mother's Maiden Name <i>Don't Know</i>				Mother's Birthplace		
	Name of person giving Information <i>Samuel A Wilson</i>				How related to deceased <i>Brother</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate <i>accident Drowning</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas O Conroy</i>		Address <i>Cornier</i>		
	Accident or Suicide? <i>Accident</i>		Fords store 24 Co me				
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